| Please print or typ                           | e with ELITE type               | e <i>(12 characters<u>(inc</u>h)</i> in                 | the unshaded areas o                       | only.               |  | Approved OM<br>No. 0246-EPA-   |   | 79016   |
|---|---------------------------------|---|--|---------------------|--|--|---|---|
| <b>ŞEPA</b>                                   | NOTIFICA                        | INSTA, C  | INSTA CTIONS: If you received a preprinted |                     |  |  |   |   |
| INSTALLA-<br>TION'S EPA<br>I.D. NO.           | MED04826                        |   |  |                     | label, afgx<br>information<br>through it<br>in the app<br>complete a | it in the spain on the label and supply tropriate sections correct, less than the sections of  | ce at left. If is incorrect, he correct in below. If ave Items I, | any of the<br>draw a line<br>nformation<br>the label is<br>II, and II |
| INSTALLATION INSTALLATION II. MAILING ADDRESS | FIBER MAT                       | TERIALS INC<br>D INDUSTRIAL<br>D                        | SEMS DocID<br>PARK<br>ME                   | 621064<br>04005     | label, com<br>single site<br>treated, st<br>porter's pr              | k. If you did a<br>plete all items,<br>where hazard<br>ored and/or d<br>incipal place o  | "Installation<br>ous waste is<br>isposed of,<br>of business. F    | n" means a<br>generated<br>or a trans<br>Please refe                  |
| LOCATION<br>IIL OF INSTAL-<br>LATION          | BIDDEFOR:                       |   | . PARK<br>ME                               | 04005               | CATION informatio  | STRUCTIONS before complete requested he complete to the comple | eting this<br>erein is requi                                      | form. The   |
| FOR OFFICIAL                                  | USE ONLY                        |   |  |                     |  |  |   |   |
|   | 111111                          |   | COMMENTS                                   |                     | 1 1 7 7  |  |   | · · · · ·   |
| C   |                                 |   | TDATE RECE                                 | IVED.               |  |  | 55  |   |
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| I. NAME OF IN                                 | STALLATION                      | 13 14 19 16   | 17.  | 22                  |  | Moo  |   | 147   |
| 4 1 b e r                                     | Matter                          | ialsIn  | c  |                     |  |  |   |   |
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| <u>c</u> 4 8 i.d d €                          |                                 | ITY OR TOWN   |  | ST. ZI              | P CODE 5   |  |   |   |
| III. LOCATION                                 | OF INSTALLAT                    | TION  |  | 40 41 42 47         | - , 51   |  | 1.2   | 1   |
| 5 1 0 0 0                                     | STI                             | REET OR ROUTE NUM                                       | BER  |                     |  | •••  |   |   |
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| IV. INSTALLA                                  | TION CONTACT                    |   |  | 40 41 42 47         | 51   |  | 1   | 1 74t 1   |
| <u> </u>                                      | NAME                            | AND TITLE (last, first                                  | , & job title)                             |                     | PHO  | NE NO. (area c   | ode & no.)  | 4   |
| 2 S a n t c                                   | oro Ri                          | chard M   | g r . S u p                                | '/ S v s   D        | 1. 1-1-1.  | 7 2 8 2  | 5 9 1 1   | _   |
| V. OWNERSHIE                                  |                                 | <del> </del>  |  |                     |  |  | ذ الشارية   |   |
| <u> </u>                                      |                                 |   | STALLATION'S LEG                           | AL OWNER            | 1111   |  |   |   |
| 8 M r W a                                     | allter [                        | <del></del>   | aln  |                     | 1111   | 1111   | 55  |   |
| (enter the approp                             | OWNERSHIP riate letter into box |   | ZARDOUS WAS                                |                     |  | the appropi  |   |   |
| F = FEDERA<br>M = NON-FI                      | EDERAL M                        | M \(\big  \big  C. TRE                                  | AT/STORE/DISPOS                            | 56                  |  | OUND INJECT  |   | ,   |
| VII. MODE OF                                  | TRANSPORTAT                     | FION (transporters or                                   | nly – enter "X" in                         | the appropriate     | box(es))   |  |   | 7.7   |
| ☐ A. AIR                                      | ☐B. RAIL                        | C. HIGHWAY  | D. WATER                                   | E. OTHE             | R (specify):   |  |   |   |
|   |                                 | NOTIFICATION  | roise impenting and a firm                 | t antification of b | zardova  | o potivitu os s  | ubecaucat -   | otification   |
|   |                                 | ndicate whether this is y<br>nter your Installation's E |  |                     |  | o activity UI & 1  | rensedagur U  | omication.  |
|   |                                 |   |  |                     |  | C. INSTALLA  | TION'S EP   | 1.D. NO.  |
| 🛛 A. FIRS                                     | T NOTIFICATION                  | B. SUBSE  | QUENT NOTIFICAT                            | rion (complete ite  | m C)   |  |   |   |
| IX. DESCRIPTI                                 | ON OF HAZARI                    | DOUS WASTES   |  |                     |  |  |   |   |

Please go to the reverse of this form and provide the requested information.

| IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)   |  |  |  |                    |  |  |  |  |  |  |  |  |
|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|
| A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.  |  |  |  |                    |  |  |  |  |  |  |  |  |
| 1  | 2  | 3  | 4  | 5                  | 6  |  |  |  |  |  |  |  |
| <del>                                   </del>   |  |  |  |                    |  |  |  |  |  |  |  |  |
| F 0 0 3  | F 0 0 5  |  |  |                    |  |  |  |  |  |  |  |  |
| 23 - 26  | 23 - 26  | 23 - 26  | 23 - 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| 7  | 8  | 9  | 10   | 11                 | 12   |  |  |  |  |  |  |  |
|  | <u> </u>   |  |  |                    |  |  |  |  |  |  |  |  |
| 23 - 26  | 23 - 26  | 23 - 26  | 23 - 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.   |  |  |  |                    |  |  |  |  |  |  |  |  |
| 13   | 14   | 15   | 16   | 17                 | 18   |  |  |  |  |  |  |  |
|  |  |  |  |                    |  |  |  |  |  |  |  |  |
|  |  |  |  |                    | <u></u>  |  |  |  |  |  |  |  |
| 19   | 20 26  | 21   | 23 - 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
|  | 20   | <del>                                     </del> |  |                    |  |  |  |  |  |  |  |  |
|  |  |  |  |                    |  |  |  |  |  |  |  |  |
| UJ 1 23 26 1 00 A  | 23 - 26  | 23 - 26  | 23 - 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| 25 UVA   | 26   | 27   | 28   | 29                 | 30   |  |  |  |  |  |  |  |
|  |  |  |  |                    |  |  |  |  |  |  |  |  |
|  |  |  | <u>                                     </u>     |                    | 23 26  |  |  |  |  |  |  |  |
| C COMMEDIAL CHEMICAL P   | PODLICT HAZARDOLL                                | IS WASTES Enter the                              | four-digit number from                           | 40 CER Part 261 33 | for each chemical sub-                           |  |  |  |  |  |  |  |
| C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.   |  |  |  |                    |  |  |  |  |  |  |  |  |
| 31   | 32   | 33   | 34   | 35                 | 36   |  |  |  |  |  |  |  |
|  |  |  |  |                    |  |  |  |  |  |  |  |  |
| 23 - 26  |  |  | 23 - 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| 37   | 38   | 39   | 40   | 41                 | 42   |  |  |  |  |  |  |  |
| l <del>liil</del>  | <del>-                                    </del> |  | <del>                                     </del> |                    | <del>                                     </del> |  |  |  |  |  |  |  |
|  |  |  |  | 1   1   1          |  |  |  |  |  |  |  |  |
| 23 - 26  | 23 - 26  | 23 - 26  | 23 - 25  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| 43   | 44   | 45   | 46   | 47                 | 48   |  |  |  |  |  |  |  |
|  | ł I I I I  |  |  |                    |  |  |  |  |  |  |  |  |
| 23 - 26  | 23 - 26  | 25 - 26  | 23 2 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| D. USTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary huspitals, medical and research laboratories your installation handles. Use additional sheets if necessary.   |  |  |  |                    |  |  |  |  |  |  |  |  |
| 49   | 50   | 51   | 52   | 53                 | 54   |  |  |  |  |  |  |  |
| <del>                                   </del>   |  | <del>                                     </del> | <del>                                     </del> |                    |  |  |  |  |  |  |  |  |
|  |  |  | ]  | 1                  |  |  |  |  |  |  |  |  |
| 23 - 26  | 23 - 26  | 23 - 26  | 23 • 26  | 23 - 26            | 23 - 26  |  |  |  |  |  |  |  |
| E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)  |  |  |  |                    |  |  |  |  |  |  |  |  |
| 1. IGNITABLE   | XX 2. (D002)                                     | CORROSIVE  | XX3. REACTIV<br>(D003)                           |                    | XX 4. TOXIC<br>D000)                             |  |  |  |  |  |  |  |
| X. CERTIFICATION   |  |  |  |                    |  |  |  |  |  |  |  |  |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. |  |  |  |                    |  |  |  |  |  |  |  |  |
| SIGNATURE  |  | NAME & OFFICIA                                   | L TITLE (type or print                           | ')                 | DATE SIGNED                                      |  |  |  |  |  |  |  |
|  | m./  | Edward N. H                                      | legge  |                    |  |  |  |  |  |  |  |  |
| Eavant 3   | . Magge  |  | lice President                                   |                    | 8/13/80  |  |  |  |  |  |  |  |